

muito elevada (43-88%)<sup>3</sup>. Os resultados mostraram que, combinando a análise cito/histológica com o exame micobacteriológico direto e cultural, o TAAN não aumentou a eficácia diagnóstica. Contudo, há que ter em conta algumas importantes vantagens do TAAN, tais como a rapidez, a elevada especificidade<sup>3,4</sup> e a possibilidade da realização de testes moleculares de resistências, se suspeita de resistência aos antibacteriais<sup>5</sup>.

Na abordagem de uma linfadenite, estes resultados reforçam a necessidade do aumento da suspeição de TB ganglionar e do envio da amostra para uma análise combinada cito/histológica e microbiológica.

## Responsabilidades éticas

**Proteção de pessoas e animais.** Os autores declaram que para esta investigação não se realizaram experiências em seres humanos e/ou animais.

**Confidencialidade dos dados.** Os autores declaram ter seguido os protocolos de seu centro de trabalho acerca da publicação dos dados de pacientes e que todos os pacientes incluídos no estudo receberam informações suficientes e deram o seu consentimento informado por escrito para participar nesse estudo.

**Direito à privacidade e consentimento escrito.** Os autores declaram que não aparecem dados de pacientes neste artigo.

## Conflito de interesses

Os autores declaram não haver conflito de interesses.

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## Unexplained pulmonary hypertension in peritoneal dialysis and hemodialysis patients

### Hipertensão pulmonar inexplicável em pacientes em diálise peritoneal e hemodíalise

Dear Editor,

We read with great interest the nice article by Etemadi and colleagues, in your journal, *Revista Portuguesa de Pneumologia*, entitled "Unexplained pulmonary hypertension in peritoneal dialysis and hemodialysis patients".<sup>1</sup> In a retrospective study of chronic hemodialysis and peritoneal dialysis patients, pulmonary hypertension was found in 14 (41.1%) patients of the hemodialysis group and in 6 (18.7%) patients

of the peritoneal dialysis group, where pulmonary hypertension was defined as a systolic pulmonary artery pressure (SPAP)  $\geq 35$  mmHg. They concluded that unexplained pulmonary hypertension seems to be more frequent in patients undergoing hemodialysis than with patients in the peritoneal dialysis group. In this context, I would like to make a few points about pulmonary hypertension in dialysis patients. In a study of 102 maintenance hemodialysis patients, we found pulmonary artery pressure of  $41.5 \pm 12.6$  mmHg. In our study, 76.5% of hemodialysis patients had SPAP  $\geq 35$  mmHg. In this study we can also see that pulmonary artery pressure had significant positive correlation with the duration and degree of hemodialysis.<sup>2</sup> In another study we also observed that pulmonary artery pressure had significant positive correlation with serum intact parathormone.<sup>3</sup> Pulmonary arterial hypertension is a serious cardiac complication among patients with end-stage kidney disease, especially patients on hemodialysis as mentioned in the study by Etemadi et al., and we need to look for other aggravating factors among dialysis patients.<sup>3-5</sup> In order to achieve better understanding about

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this aspect of dialysis patients, more clinical studies are suggested.

## Ethical disclosures

**Protection of human and animal subjects.** The authors declare that no experiments were performed on humans or animals for this study.

**Confidentiality of data.** The authors declare that no patient data appear in this article.

**Right to privacy and informed consent.** The authors declare that no patient data appear in this article.

## Conflicts of interest

The author has no conflicts of interest to declare.

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